

0010/PTO Rev. 8/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	ANDPAT/159/US
		First Named Inventor	Franz PETSCHAUER
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

DECLARATION

Declaration OR Declaration Submitted after Initial Filing

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS AND A DEVICE FOR THE FORMATION OF FIBER BOARD

(Title of the Invention)

the specification of which

is attached hereto

OR

as filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A 215/98	Austria	02/06/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
NONE		

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

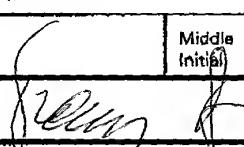
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/402,333		12/20/1998	

[] Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

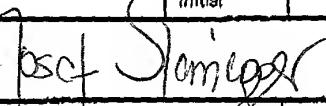
Firm Name: **Alix, Yale & Ristas, LLP** Customer Number **002643**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		[] A petition has been filed for this unsigned inventor						
Given Name	Franz	Middle Initial		Family Name	PETSCHAUER		Suffix	
Inventor's Signature						Date	11.01.2002	
RESIDENCE: City	Lannach		State		Country	Austria	Citizenship	Austrian
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Name of Additional Joint Inventor, if any:

[] A petition has been filed for this unsigned inventor

Given Name	Josef		Middle Initial		Family Name	STEINEGGER		Suffix	
Inventor's Signature						Date	14.01.2002		
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[X] Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Thomas	Middle Initial		Family Name	KEFER		Suffix	
Inventor's Signature	<i>Th. Kehn</i>				Date	11.01.2002		
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature	<i>Johannes Kappel</i>				Date	11.01.2002		
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix	
Inventor's Signature					Date			
RESIDENCE: City		State		Country		Citizenship		
POST OFFICE ADDRESS								
City		State	zip	Country		Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix	
Inventor's Signature					Date			
RESIDENCE: City		State		Country		Citizenship		
POST OFFICE ADDRESS								
City		State		Zip	Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								